PTO/SB/17 (12-04v2)

Under the Paperwork Reduction Act of 1995, no person are required Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) RANSMIT

Fee Description

4. OTHER FEE(S)

Hadaaha Daasaad Dad	turtion Act of 1995	no names are required to	U.S. Pater	nt and Trade	proved for use through mark Office, U.S. Dis- ption unless it display	PARTMENT O	F COMMERCE					
	respond to a collection of information unless it displays a valid OMB control number. Complete if Known											
Effect Fees pursuant to the Consolid	Application Number		10/751,037-Conf. #1938									
FEE TR	Filing Date		December 31, 2003									
	First Named Inventor		Toshihiro Fukuda									
For	Examiner Name D.		D. G. Depumpo									
Applicant claims sm	Art Unit		3611									
TOTAL AMOUNT OF PAYMENT (\$) 910.00			Attorney Docket No. 10122/00			2						
METHOD OF PAYMENT (check all that apply)												
Check X Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below												
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION		-										
. BASIC FILING, SEAR	-											
			ARCH FEES		INATION FEES Sma <u>ll Entity</u>	3						
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$		Fees P	aid (\$)					
Utility	300	150 500	250	200	100							
Design	200	100 100	50	130	65							
Plant	200	100 300	150	160	80							
Reissue	300	150 500	250	600	300							
Provisional	200	100 · 0	0	0	0							
2. EXCESS CLAIM FEES	;						Small Entity					
ee Description						Fee (\$)	Fee (\$)					
Each claim over 20 (inclu	-					50	25					
Each independent claim o Multiple dependent claim	-	g Keissues)				200 360	100 180					
• •	_	ee (\$) Fee	Paid (\$)		Multiple Depend		100					
TOTAL CIAINS	a Claims 1	= 100	· a.a (4)	-	ee (\$)	Fee Paid (\$, l					
	" _						<u>.</u>					
Indep. Claims Extr	ra Claims F	ee (\$)	Paid (\$)									
3. APPLICATION SIZE FI												
If the specification and o		d 100 sheets of paper	(excluding elect	ronically	filed sequence o	r computer						
listings under 37 CFI	R 1.52(e)), the a	application size fee de	ue is \$250 (\$125	for small)					
sheets or fraction the	reof. See 35 U.											
Total Sheets												
OTHER FEE(S) Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing		120.00 790.00										
1801 Request for continued examination (RCE) (see 37 790.00												
SUBMITTED BY												

SUBMITTED BY Registration No. (Attorney/Agent) 33,986 Telephone (713) 228-8600 Name (Print/Type) Jonathan P. Osha Date December 16, 2005

22511

Patent Trademark Office

I hereby certify that this corresp	condence is being deposit	ed with the U.S.	Postal Service as Exp	ress Mail, Airbill No. EV 766454099 3-1450, on the date shown below.	9 US,
in an envelope addressed to: 4	Commissioner for Patenta	LP.O. BOX 1450	, Alexandria, VA 223 i.	3-1430, on the date shown below.	
•			W tures		
Dated: December 16, 2005	Signature(M	V Fund	(Jeannie D. Harris)	